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CLICK HERE FOR THE DIRECTOR OF PUBLIC HEALTH'S REPORT DATED
MARCH 8, 2013

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APRIL 1, 2013

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March 8, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JE Fielding*
Director and Health Officer

SUBJECT: **ADDITIONAL LINKED CASES OF TUBERCULOSIS FOUND THROUGH
GENOTYPE TESTING**

This is to inform you that the Department of Public Health (DPH) has learned of additional cases of tuberculosis (TB) linked by a common genotype. These cases have been identified in the Koreatown area. These are not linked to the genotype associated with the homeless TB outbreak.

Background

In Los Angeles County, TB investigations now routinely include genotyping (DNA testing) of specimens from identified TB cases sent to the State Public Health Laboratory. In addition to genotyping newly identified cases, the State Laboratory is also performing testing on older specimens that are available to identify any linkages. These tests may assist DPH in effectively identifying all contacts at risk for this disease.

New Findings of Linked Cases

As part of the ongoing analysis of older and newly identified TB cases, the State Laboratory has found a linkage of six TB cases among individuals of Korean descent in the Koreatown area of Los Angeles County. As previously mentioned, these cases are not related to the homeless TB outbreak. This linkage is among three related cases treated between 2009 and 2011 and three new cases currently under treatment by DPH. All six cases share the same "multiple drug resistant" (MDR) form of TB. Although this is a form of TB that is resistant to some of the commonly-used drugs, it is important to emphasize that this is a treatable disease and that DPH routinely and effectively treats such cases in the DPH clinics.

Response Activities

DPH is currently conducting contact investigations on the three latest cases in treatment. DPH Community Health Services staff are coordinating the follow-up for this group of TB patients in collaboration with DPH TB Control and the State TB Branch. DPH will also be working with the local provider community that serves this population to assure that any new symptomatic patients are rapidly

Each Supervisor
March 8, 2013
Page 2

reported and receive treatment. We are currently in the process of translating the most recent TB information sheet into the Korean language. Once completed, DPH will distribute and post the information sheet on the DPH website.

If you have any questions or would like further information please let me know.

JEF:dd

c: Chief Executive Officer
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Executive Officer, Board of Supervisors



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April 1, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *Jeff Fielding MD*
Director and Health Officer

SUBJECT: **HOMELESS TUBERCULOSIS OUTBREAK**

This is in response to the Board motion offered by Supervisor Antonovich on February 26, 2013 which requested the Department of Public Health (DPH) to provide a comprehensive status report on the actions planned and being taken to contain the tuberculosis (TB) outbreak among the homeless and to treat those infected.

This report also addresses the motion's instruction to work with the Department of Health Services (DHS) to determine available isolation beds for individuals who may require hospitalization to complete their course of treatment. The motion required DPH to consult with Olive View Medical Center to determine if an expansion of their current TB isolation bed capacity is warranted on a temporary basis within existing funding. Finally, this report addresses the request included in the motion to explore the availability of potential federal funding for any additional costs incurred as a result of DPH's containment and treatment activities.

Background

The TB outbreak among the homeless within the Skid Row area began in 2007. These cases are linked to a specific strain of TB. From 2007 to mid-March 2013, a total of 78 cases have been identified. Of these 78 cases, the majority are male, about 60 are homeless, and approximately 20% are HIV-positive. Among the 60 homeless cases, 11 have died since 2007. This strain of TB is sensitive to and treatable with first-line anti-TB medications. Throughout the course of this outbreak, DPH has worked with stakeholders, community members, and healthcare providers to monitor, treat, and prevent the further spread of this outbreak.

TB Data Summary

Over the last two decades, there has been a significant decline in TB cases in Los Angeles County, from 1,932 cases in 1993 to 625 cases in 2012 (see Figure 1). Among the homeless, there has also been a significant decline in TB cases, from 236 homeless TB cases in 1993, about 12% (of 1,932), to 39 homeless TB cases in 2012, (approximately 6 % of 625).

Figure 1

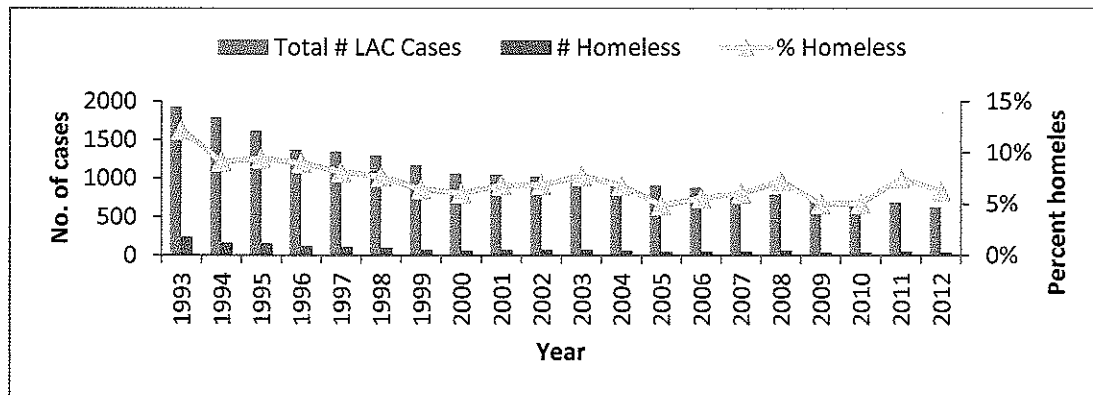


Table 1 below shows the total TB cases reported by year between 2007 and 2012, total TB cases reported to be homeless, and TB cases with this outbreak genotype who also were reported to be homeless. It is important to note that the homeless TB cases reported include cases from throughout Los Angeles County and are not limited to the Skid Row area.

Table 1

Year	Total TB cases	TB cases reported to be homeless*	TB cases with the outbreak strain	TB cases with the outbreak strain reported to be homeless*
2007	815	49	12	10
2008	790	57	15	12
2009	701	35	10	8
2010	675	34	9	7
2011	680	51	13	11
2012	625	39	17	15
Total	4,286	265	76**	63

*Homeless in the year prior to diagnosis of active TB disease

**Not including two cases diagnosed in 2013

TB Among the Homeless

The prevalence of TB among the homeless is not a new phenomenon. While TB is a communicable disease and can affect everyone, some populations are at higher risk of becoming infected, including those living in congregate settings such as homeless shelters. Because of this, DPH has had a long-standing role in addressing TB disease in the homeless, especially in the Skid Row/downtown area.

Over 50 years ago, DPH established a TB clinic to serve the homeless population in this area. This clinic is now housed at the Leavey Center, also known as the Center for Community Health (CCH). This clinic continues to be a top priority for DPH. To better contain the disease, DPH instituted innovative practices such as providing housing and food to homeless TB cases during their treatment. Additionally, DPH provides routine Directly Observed Therapy (DOT) for all homeless TB cases for the duration of their therapy.

Beginning in the 1990's, in order to assist in reducing the large number of TB cases found in Skid Row, the DPH TB Control Program worked with homeless shelter operators within the Skid Row area to establish TB screening for residential programs. These programs are ongoing to today and DPH Community Health Services (CHS) continues to provide TB screening for these programs as well as for residential substance abuse programs throughout the county. Screening, along with other measures (i.e. DOT and incentives and enablers such as housing, food vouchers, and transportation assistance) has dramatically decreased the number of TB cases among the homeless. However, over the years, many shelters have increased their capacity to offer drop-in/overnight housing. In conducting case investigations, DPH learned that many of the current and past homeless TB cases have been identified as frequent users of drop-in/overnight housing. This situation has made it more difficult for DPH to locate and track individuals at risk in this population.

In 2004, new technology for processing specimens from TB cases began to include DNA analysis that could establish potential links between cases. In 2004, the DPH Public Health Laboratory (PHL) began genotyping select TB isolates. In 2007, PHL began universal genotyping of all available TB isolates. In 2009, PHL began to send TB isolates for genotyping to the California Department of Public Health (CDPH) TB genotyping lab. Some of these TB cases with the same genotype already linked by interviews conducted by DPH Public Health Nurses, but locations and dates of exposure and infection of contacts were not generally known due to the transient nature of the homeless population and the congregate housing within shelters.

Identification and Containment of the Outbreak

During the outbreak, DPH has conducted a multi-pronged public health response to prevent additional cases of TB. Investigations were done to identify and evaluate individuals (contacts) who have been exposed to TB cases in this outbreak. Several of these investigations led DPH to a shelter near Skid Row that provided homeless individuals nightly transportation by bus from Skid Row to the shelter. DPH CHS and TB Control Program staff carried out screening at this shelter of approximately 200 contacts who had spent at least one night in the shelter at the same time as a case of infectious active TB disease during 2012. In conducting this screening, DPH received full cooperation of both the shelter operators and their funder, Los Angeles Homeless Services Authority (LAHSA).

After the contact investigation of the cases in a shelter in SPA 6 were completed in late 2012, DPH launched a significant effort to address possible exposure risks among the homeless population, including working with shelter operators and local community clinics that provide medical care to the homeless population. On December 17, 2012, DPH sent a memo notifying your Board about this effort. Additionally, on February 22, 2013, DPH sent a memo updating your Board on the outbreak, including information about investigative activities and activities with key partners.

Efforts with Federal and State Partners

Over the years, DPH has worked closely with both the CDPH TB Control Branch and the Centers for Disease Control and Prevention (CDC) on TB cases in the homeless. In this particular outbreak, in order to fully ensure that all cases of active TB disease are identified and all appropriate measures to identify all possible exposed contacts are implemented, DPH requested assistance from the CDC Division of TB Elimination. In response to this request, the CDC deployed a team to Los Angeles County from March 4, 2013 to March 22, 2013.

The CDC team provided recommendations regarding prioritized activities to address this continuing outbreak:

1. Identify and treat patients with clinically active disease;
2. Identify and provide preventive treatment for contacts with latent TB infection (in a prioritized manner, based upon duration and intensity of exposure, infectious of cases, and risk of developing active TB disease); and
3. Develop partnerships with shelter operators and medical providers to implement long term prevention strategies for control of TB among homeless persons.

Ongoing Efforts

To achieve this end and to minimize further transmission, DPH is engaged in the following efforts:

- *Analysis of current data sources to identify possible contacts to known cases*

This activity includes reviewing related databases from agencies that serve homeless clients, including social service, public safety, and the general medical provider community (e.g., LAHSA, Union rescue Mission, Midnight Mission, Los Angeles Mission, Sheriff's Department, and medical providers in the Skid Row area). The CDC and the CDPH are assisting DPH with this analysis to ensure that all potentially exposed individuals (also known as "contacts") are identified and all appropriate efforts are initiated to locate and bring them to medical attention for TB screenings.

- *Onsite evaluations at high-risk sites to look for additional cases of active TB disease*

After partnering with CDPH and CDC to identify high-risk sites, DPH will perform targeted onsite evaluations to identify individuals with active TB disease who have not yet sought medical care. In addition, DPH will work closely with DHS facilities to ensure adequate capacity to evaluate patients referred for further diagnostic evaluation for active TB disease.

- *Targeted testing and treatment for high-risk contacts*

This activity includes partnering with shelters and medical providers to locate individuals who might have been exposed, and ensure that those individuals receive appropriate medical evaluations. Among people found to have latent TB infection, incentives, and alternative short-course regimens can be utilized to enhance uptake of and adherence to treatment.

- *Community education*

Throughout this outbreak, DPH has routinely kept relevant community stakeholders informed through in-person meetings and electronic communications. DPH staff has worked with all major shelter operators including Union Rescue Mission, LA Mission, Midnight Mission and LAHSA-funded shelters to provide guidelines and training on TB screening and infection control measures to reduce and stop the spread of TB, including establishing a cough alert protocol and referral of

any suspect cases for immediate clinical evaluation. Additionally, DPH issued a provider alert to all medical providers, emergency departments, clinics, and hospitals. The alert included information on symptoms, appropriate tests, and reporting procedures for TB.

To keep community members informed, DPH has participated and will continue to participate in community meetings and outreach events. DPH developed fact sheets in English and Spanish on the outbreak and posted them on the DPH website, <http://publichealth.lacounty.gov>. DPH has trained the County 2-1-1 Information Line operators to handle calls and answer questions from the public about the outbreak. Flyers directing residents to 2-1-1 have also been developed and posted on the DPH website.

In addition, DPH met with key stakeholders to provide updates on the TB outbreak and seek their cooperation in controlling the spread of TB in this population. These stakeholders include Homeless Healthcare LA, Los Angeles Community Action Network, Downtown Neighborhood Council, Skid Row Community Advisory Board, Central City East Association, Shelter Partnership Inc., SRO Housing Corporation, LA City and other County departments such as the Department of Mental Health, the Department of Children and Family Services, and the Department of Public and Social Services.

- *Annual TB screening for the homeless entering shelters in Los Angeles County*

DPH is working with local clinics and shelter operators to determine the best approach to facilitate TB clearance for the homeless upon entry into the shelter. To date, DPH has met with the three major healthcare providers in Skid Row--JWCH, LA Christian Medical Clinics, and the University of California, Los Angeles (at the Union Rescue Mission)--to ensure that they have appropriate TB screening and evaluation protocols as well as to request that they include their screening results into a shelter clearance registry to be made available to shelter operators upon client entry into the shelter.

- *Integrated outreach strategies in the homeless population for provision of TB screening and flu vaccination*

Starting in 2013, DPH is planning a change in the annual Fall Flu Outreach that will move community flu outreach into August and September, as the flu vaccine becomes available. In tandem with the outreach to the community at-large, DPH will conduct flu vaccine outreach among the homeless in Skid Row shelters and in the cold weather shelters. TB screening will also be offered as part of the flu outreach for the homeless. The data from this outreach will assist shelter clinics and operators in obtaining routine screening for their clients.

DPH is partnering with City of Los Angeles Housing Department's Housing Opportunities for Persons with AIDS (HOPWA) program to ensure care for people living with HIV who have a latent TB infection (LTBI). These patients are at highest risk for active TB disease and it is imperative that they receive assistance in completing their treatment for both TB infection and HIV. In order to ensure that this happens, HOPWA has agreed to provide housing and DPH will administer daily therapy and assist with HIV medication administration for these individuals.

Collaboration with the Department of Health Services

In August 2011, the DHS Olive View-UCLA Medical Center opened an inpatient unit dedicated to treatment of patients with TB. This unit is currently budgeted at 10 beds. At this point, this capacity appears to be sufficient to meet the current need for inpatient beds associated with this outbreak. DPH will continue to work with DHS to monitor the situation and will inform your Board if additional beds are needed.

Local, State and Federal Funding

In responding to this outbreak, DPH has drawn and continues to draw from both federal and State grant resources as well as from local resources. From the CDC, DPH receives funding from the Cooperative Agreement grant. From the CDPH, DPH receives funding from the TB Subvention Base Award. DPH has used both the CDC and the State grant revenue streams to procure portable radiology services (chest X-ray images), TB blood testing supplies, and patient incentives (i.e. food cards).

For fiscal year (FY) 2013-14, DPH has been notified that additional CDC Cooperative Agreement grant funding may be available due to unexpended balances from the last calendar year. Also for FY 2013-14, DPH has requested an additional amount from the TB Subvention Base Award grant to support ongoing outbreak response activities.

In addition to the TB Subvention Base Award, the State also administers the Trust Account Fund S9X. In order for DPH to receive money from the Trust Account Fund S9X, DPH must submit a budget request to the CDPH. Allowable expenditures include reimbursement of overtime costs associated with TB screening at homeless service provider venues, portable radiology services, TB blood testing supplies or services, patient incentives, and other equipment or supplies needed to support the outbreak response. These funds are available upon State approval of the budget request submitted by DPH. The balance of this trust fund will remain available until expended.

For items not covered by federal or State resources, DPH draws from net County cost (NCC). Items covered by NCC include: LTBI and TB disease treatment medications, additional TB screening incentives and supplies, regular employee salary costs related to the outbreak, and routine radiology costs.

If you have any questions or would like additional information, please let me know.

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c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisor



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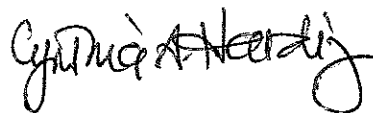
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June 27, 2013

TO: Each Supervisor

FROM:  Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer



SUBJECT: **UPDATE ON HOMELESS TUBERCULOSIS OUTBREAK**

This is an update on the tuberculosis (TB) outbreak among the homeless community in the downtown/Skid Row area and the Department of Public Health's (DPH) ongoing actions to contain the outbreak. The last report was sent to your Board on April 1, 2013.

Background

The TB outbreak among the homeless population within the Skid Row area began in 2007. These cases are linked to a specific strain of TB, which is sensitive to and treatable with first-line anti-TB medications. As of this update, a total of 92 cases with this strain of TB have been identified since 2007. Among the 92 cases, 16 have died since 2007. Additionally, of these 92 cases, 80% were reported to be homeless and 21% were reported to be HIV-infected. Throughout the course of this outbreak, DPH has worked with stakeholders, community members, and healthcare providers to monitor, treat and prevent the further expansion of this outbreak.

Ongoing Activities

To contain the outbreak and prevent future cases, DPH is engaged in the following ongoing activities:

- *Analysis of current data sources to identify possible contacts to known cases*

DPH is conducting an analysis to ensure that all potentially exposed individuals (also known as "contacts") are identified and all appropriate efforts are made to locate and bring them to medical attention for TB screenings. DPH is reviewing related databases from agencies that serve homeless clients, including social service, public safety, and the general medical provider community (e.g., Los Angeles Homeless Service Authority, Union Rescue Mission, Midnight Mission, Los Angeles Mission, Sheriff's Department, and medical providers in the Skid Row area). The Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) are also assisting DPH with this effort.

Through the analysis, the identified contacts are screened into different tiers according to their risk of being exposed to TB. Based on this information, DPH has prioritized contacts that are at highest risk of having been exposed to TB and are working with stakeholders and partners to identify them and bring them in for TB screenings.

- *Targeted screening at high-risk sites to identify additional cases of active TB disease*

After partnering with CDPH and the CDC to identify high-risk sites, DPH has initiated targeted onsite evaluations to identify individuals with active TB disease who have not sought medical care. DPH is using QuantiFERON (QFT) as the test of choice for testing the homeless population for TB. This blood test is more accurate and provides results without requiring the person return for a reading.

- *Treatment of Latent TB Infection*

DPH has begun the use of a new short-course treatment regimen for latent TB infection. Instead of the usual six to nine months of therapy required for traditional latent TB infection treatment, this treatment regimen can be completed in twelve weeks. This innovation is especially important when treating the homeless population as they have historically low latent TB infection treatment completion rates. In addition to the short-course regimens, DPH is also offering incentives to individuals to further enhance the adherence to treatment.

- *Develop Memoranda of Understanding with Shelter Partners and Medical Providers*

DPH has partnered with shelters and medical providers to locate individuals who might have been diagnosed with latent TB infection and ensure that those individuals receive appropriate medical evaluations and treatment. To date, DPH has entered into memoranda of understanding with the three largest medical providers in the Skid Row area (JWCH, LA Christian Medical Clinics, and the University of California, Los Angeles at the Union Rescue Mission).

- *Development and Implementation of Shelter Guidelines*

In June 2013, DPH finalized a set of guidelines for homeless shelters on how to prevent TB in homeless shelters. The guidelines include the following information on: appointing a TB administrator, creating an environment that limits the spread of TB, enforcing screening for staff and volunteers, and enforcing screening and referral requirements for clients. DPH will distribute these guidelines to all the major shelters in Los Angeles County, and will provide training to shelter staff to aid in implementation and practice of the guidelines. DPH is also currently exploring the possibility of developing a policy or mandate to institute screening in homeless shelters.

- *Developing a clearance protocol for the homeless clients entering shelters in Los Angeles County*

DPH is working with local clinics and homeless shelter operators to determine the best approach to facilitate TB clearance for the homeless upon entry into a shelter. DPH has met with the three major healthcare providers in the Skid Row area to ensure that they have appropriate TB screening and evaluation protocols. In addition, DPH will request that the providers include their

Each Supervisor
June 27, 2013
Page 2

screening results into a "Shelter Clearance Registry" to be made available to shelter operators to reference when a client enters into a shelter.

If you have any questions or would like additional information, please let me know.

JEF:dd/rkf
PH:1303:001

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



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November 1, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **UPDATE ON HOMELESS TUBERCULOSIS OUTBREAK**

This is an update on the tuberculosis (TB) outbreak among homeless community members in the downtown/Skid Row area and the Department of Public Health's (DPH) ongoing actions to contain the outbreak. The last report was sent to your Board on June 27, 2013. Since that time, DPH continues to work closely with shelter operators, local clinic providers, California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) to effectively address the possible spread of TB disease. As of September 2013, 254 TB cases have been reported in Los Angeles County (LAC) for the calendar year to date, with 23 (9.1%) cases identified in the homeless population throughout Los Angeles, including Skid Row.

Our work continues in three strategic areas:

- I. Assure that close, sustained contacts to TB cases identified in the original outbreak, as well as new cases, can be located, screened and offered preventive treatment.
- II. Assure the effective implementation of DPH Shelter Guidelines for the prevention of TB transmission in shelter settings.
- III. Establish annual TB screening for the homeless population in Los Angeles County.

I. Assure close, sustained contacts to TB cases identified in the original outbreak, as well as new cases, can be located, screened and offered preventive treatment

To contain the outbreak and prevent further transmission in shelter settings, DPH is engaged in the following ongoing activities:

- *Monitoring of current data sources to identify possible contacts to known cases*

DPH continues to monitor shelter outbreak data and refine the analysis to ensure that all potentially exposed individuals (also known as “contacts”) are identified and all appropriate efforts are made to locate and bring them to medical attention for TB screening. We continue to work with agencies that serve homeless clients, including social service, public safety, and the general medical provider community (e.g., Los Angeles Homeless Service Authority, Union Rescue Mission, Midnight Mission, Los Angeles Mission, Sheriff’s Department, and medical providers in the Skid Row area). The Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) are also assisting DPH with this effort.

- *Targeted screening at high-risk sites to identify additional cases of active TB disease*

DPH field staff continues to work with shelter operators to identify and track known close contacts to identified TB cases. It is important to note the challenges in reaching these homeless contacts, who are very mobile, often use alternate names, may be resistant to testing, and do not always agree to initiate or remain in compliance with treatment regimens. Our Public Health Nurses and Public Health Investigators are working closely with shelter operators and Single Room Occupancy agencies to locate these contacts for testing and, if indicated, to offer treatment. To date we have located approximately 1,500 contacts identified as having close and sustained contact with TB outbreak cases. Since June 27, there have been seven additional cases detected. To facilitate screening within shelter settings, we have completed MOUs with three major clinical providers in Skid Row (JWCH, LA Christian Medical Clinics, and the University of California, Los Angeles at the Union Rescue Mission) to screen homeless clients in their clinics for TB.

We are also working with two large shelters to place DPH TB screening teams on a recurring basis in the shelters. These teams from Service Planning Areas (SPAs) 4 and 6 will also include a Physician Specialist to act as a consultant for any patient issues in the shelters. These teams will offer screening to both identified contacts and general shelter populations.

- *Treatment of latent TB infection*

Latent TB infection (LTBI) is the result of exposure to a person with active communicable tuberculosis. While LTBI contacts do not have active TB disease, treatment is needed to assure that they do not develop active disease in the future. This treatment is voluntary but essential to controlling transmission of TB among the homeless. As stated above, treatment compliance for homeless patients with LTBI can be very difficult. The new short-course treatment regimen for latent TB infection, which is generally about 12 weeks with treatment dispensed once a week, has a higher acceptance rate among patients than previous treatment regimens that lasted six months, with medication given daily. Twenty-two percent of those placed on the short-course treatment are completing therapy compared to only two percent using the long term treatment.

II. Assure the effective implementation of DPH Shelter Guidelines for the prevention of TB transmission in shelter settings.

As reported in the last update, DPH developed shelter operator guidelines on how to prevent TB in homeless shelters. The shelter guidelines were distributed to all shelter operators, and include a TB clearance protocol for all homeless clients entering shelters in LAC. DPH staff are actively monitoring shelters to assure that effective screening of clients can be carried out by shelter staff and that staff submit routine progress reports to DPH's TB Control Program.

III. Establish annual TB screening for the homeless population in Los Angeles County

We have achieved significant cooperation from shelter operators in assuring that clients obtain TB clearance, with over 40 percent of the large shelters and Skid Row housing agencies requiring such clearance for entry. We are continuing to work with shelter operators and clinic providers to determine the best pathways and resources that will be needed to assure that all homeless clients in LAC have ready access to TB screening and assure that TB clearance information can be routinely and securely updated for use by these agencies.

If you have any questions or would like additional information, please let me know.

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c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors